

**CERTIFICATE OF SERVICE**

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:  
Nephron Pharmaceuticals  
Attn: Anita Wessinger  
4500 12th Street Ext.  
West Columbia, SC 29172

Nephron Pharmaceuticals  
Attn: Daniel Stoner, CFO  
4500 12th Street Ext.  
W. Columbia, SC 29172

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:  
Nephron Pharmaceuticals Corporation  
Attn: Lou Kennedy, President and CEO  
4500 12th Street Extension  
West Columbia, SC 29172

C T Corporation System,  
R/A for Nephron Pharmaceuticals  
1200 South Pine Island Road  
Plantation, FL 33324

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing  
Pachulski Stang Ziehl & Jones LLP  
10100 Santa Monica Blvd.  
13<sup>th</sup> Floor  
Business Address: Los Angeles, CA 90067

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Nephron Pharmaceuticals Corporation  
Attn: Lou Kennedy, President and CEO  
4500 12th Street Extension  
West Columbia, SC 29172



9590 9402 3367 7227 2949 92

**2. Article Number (Transfer from service label)**

7017 2400 0000 3985 8145

**COMPLETE THIS SECTION ON DELIVERY****A. Signature**☒

*Walter S. Smith*

☐ Agent☐ Addressee**B. Received by (Printed Name)**

*Walter S. Smith*

**C. Date of Delivery**

**D. Is delivery address different from item 1?** ☐ Yes  
If YES, enter delivery address below: ☐ No

**3. Service Type**☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt